

PLEASE PRINT LEGIBLY

Office Symbol: _____

Date: _____

Memorandum for Director, Health Care Operations, Office of the Surgeon General, ATTN: MODS Support Team, 3025 Hamaker Court, Fairfax, VA 22191

SUBJECT: 91W Tracking Module Access Permissions Granted For _____

Last Name, First Name, Rank, SSN, Unit Name (i.e. HHC, 1-15 Inf), UIC (i.e. W2DHxx)

1. The above named individual is granted access to the 91W Tracking Module within the Medical Protection System (MEDPROS) module of the Medical Occupational Data System (MODS). Personnel granted write access have the responsibility to accurately input Continuing Education Units, Transitional Courses, and Medical Proficiency Data pertaining to the transition and sustainment of MOS 91W, Health Care Specialist. Set their access rights as noted below (circle appropriate level of access authorized):

Read Only

Read/Write

2. I acknowledge my responsibility to submit a revocation letter to the MODS Support Team at the above address whenever the individual's need to access the system changes (ETS, PCS, Retirement, etc.). I understand I may call the MODS Support Team at DSN 761-4976 or Comm Toll Free 888-849-4341, when access should be terminated immediately but this request must be followed by written notification.

3. Questions concerning this memorandum may be directed to the undersigned at DSN _____ or Commercial _____.

(Commander, XO, ISG Signature Block only)

Please fax this form to the MODS Support Team
COM (703) 681-4983 or DSN 761-4983

Office Symbol: _____

Date: _____

Memorandum for Director, Health Care Operations, Office of the Surgeon General, ATTN: MODS
Support Team, 3025 Hamaker Court, Fairfax, VA 22191

SUBJECT: Removal 91W Tracking Module Access Permissions For _____

Last Name, First Name, Rank, SSN Unit Name (i.e. HHC, 1-15 Inf), UIC (i.e. W2DHxx)

1. Due to PCS, ETS, Retirement, or Change of Duty Responsibilities (circle one), the above named individual no longer has a need for access to modules within the Medical Protection System (MEDPROS) module of the Medical Occupational Data System (MODS) and their access should be terminated effective _____. The individual has been briefed that, if PCSing, should the gaining organization want to renew access, the new commander should submit a memorandum to the MODS Support Team to that effect.

2. Questions concerning this memorandum may be directed to the undersigned at DSN _____ or Commercial _____.

(Commander, XO, 1SG Signature Block only)

Please fax this form to the MODS Support Team
COM (703) 681-4983 or DSN 761-4983